



**NOTICE OF APPEAL FROM THE PRIMARY
EXAMINER TO BOARD OF PATENT APPEALS AND
INTERFERENCES**

ATTORNEY'S DOCKET NO.:
A-527E

SERIAL NO:
10/645,784

FILING DATE:
August 18, 2003

EXAMINER:
Teresa D. Wessendorf

GROUP ART UNIT:
1639

IN RE APPLICATION OF: Feige et al.

For: MODIFIED PEPTIDES AS THERAPEUTIC AGENTS


TO THE COMMISSIONER FOR PATENTS:

Applicant(s) hereby appeal(s) to the Board of Patent Appeals and Interferences from the decision dated February 7, 2007 of the Primary Examiner finally rejecting claim(s) 28,29,40,46-51 and 63-71.

- ☐ Notice of Appeal fee not required (fee paid in prior appeal of this application)
- ☒ Notice of Appeal fee \$510.00 (37 CFR 1.17 (b))
- ☐ Applicant(s) petition(s) under 37 CFR 1.136 for an extension of time to file the foregoing Notice of Appeal as follows:
- ☐ One month (\$120.00)
- ☐ Two months (\$450.00)
- ☐ Three months (\$1,020.00)

Please charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of \$500.00. The Commissioner is hereby authorized to charge any additional fees, which may be required, or credit any overpayment to Deposit Account No. 01-0519. An original and one copy are enclosed.

Respectfully submitted,


Timothy J. Gail
Attorney/Agent for Applicant(s)
Registration No.: 33,111
Phone: (805) 447-2688
Date: October 17, 2007

10/22/2007 BAYALEW1 00000007 010519 10645784

01 FC:1401 510.00 DA

Adjustment Date: 03/25/2008 CKHLOK
10/22/2007 EAYALEW1 00000007 010519 10645784
01 FC:1401 510.00 CR

Please send all future correspondence to:

21069

U.S. Patent Operations/TJG
Dept. 4300, M/S 28-2-C
AMGEN INC.
One Amgen Center Drive
Thousand Oaks, California 91320-1799, USA

EXPRESS MAIL CERTIFICATE

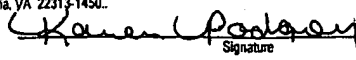
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Date of Deposit: October 17, 2007

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Karen Podgorny
Printed Name


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REQUEST FOR PATENT FEE REFUND										
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<input checked="" type="checkbox"/>	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
<u>Notice of Appeal was not needed.</u>										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>Michelle EARC</u>		TITLE: <u>Patent Examiner</u>								
SIGNATURE: <u>Michelle E. EARC</u>		PHONE: <u>571-272-4231</u>								
OFFICE: <u>Office of Petitions</u>										
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